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## BIB DATA SHEET

CONFIRMATION NO. 9440

<b>SERIAL NUMBER</b> 10/789,788	<b>FILING or 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3686	<b>ATTORNEY DOCKET NO.</b> 301131
<b>APPLICANTS</b> Ann M. Stawski, Circle Pines, MN; Timothy R. H. Pratt, Arden Hills, MN; Richard Fears, Moundsview, MN; Karen Rogalla, Little Canada, MN; Rocco E. Rossinni, St. Paul, MN;				
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/24/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /LENA NAJARIAN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance LN Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> FAEGRE & BENSON, LLP 32469 2200 WELLS FARGO CENTER 90 SOUTH SEVENTH STREET MINNEAPOLIS, MN 55402-3901 UNITED STATES				
<b>TITLE</b> Systems and methods for authorizing and processing reimbursements for services provided in the collection of implantable medical device data				
<b>FILING FEE RECEIVED</b> 1216	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	